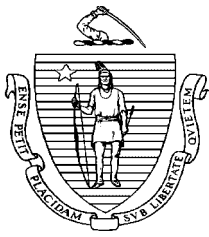


Applicant's Name_____

- (Signature)**_____ **Date:**_____

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The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street Boston, MA 02114

Board of Registration of Home Inspectors
(617) 727-9931
www.mass.gov/reg/boards/hi

Associate and Permanent License Application

HOME INSPECTOR SUPERVISION VERIFICATION

Make copies and use more than one sheet if necessary. All signatures must be original. Pursuant to M.G.L 146 all statements made are subject to the penalties of perjury.

Name of Applicant _____

Name of Employer _____

Employer's Address _____
No. Street City/Town State Zip

Employed

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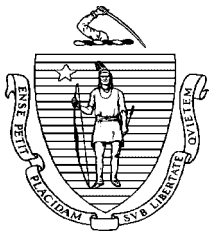
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Month Day Year Month Day Year Years

Signature of Licensed Home Inspector MA License Number Date



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street Boston, MA 02114

Board of Registration of Home Inspectors
(617) 727-9931
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Associate Inspector Home Inspections List

Name of Applicant _____

Please List 100 home inspections you have performed

Date	Address	Client
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